

ADHS/OCSHCN Family Resource Coordination Compliance Site Review Worksheet:

Contractor: _____ Reviewer(s) _____

SFY: _____

Date _____

Rating Code: C = Compliance; N = Non Compliance

Personnel File Review-

Personnel's Name	Resume and/or Licensure	CPR certification, First Aid Certification,	Fingerprint Registration / Criminal History Affidavit / Background Check	AZ Drivers License, Car Insurance & Car Registration	Documentation of orientation of new staff	E-mail and fax capability access to a computer with internet access to Word and Excel software .Trained and competent in the use of equipment and programs	Attendance at ADHS mandated training programs, conference calls, meetings, site reviews, technical assistance meetings	Caseload of not less than 40 nor more than 60 or prorated for part-time employees
Name:								
Name:								
Name:								
Name:								
Name:								
Name:								
Name:								
Name:								
Name:								

Comments:

Member File Review-

Member's Name	Intake & referrals Documentation	ISP accurate, completed, up-to-date easy to Read & culturally appropriate	Service process responsive to family priorities Resources & concerns	Evaluations & reports from service providers	Documentation of DCS related to members defined needs	Documentation community outreach & education	Documentation of Transition	Documentation of procedural safeguards and HIPPA compliance Documentation of authorization to share information
Name: DOB: Program:								
Name: DOB: Program:								
Name: DOB: Program:								
Name: DOB: Program:								

Comments:

Administrative File Review-

Standard	July ó Oct	Nov - Feb	Mar - June
Billing and Invoice Packet Timelines: Monthly Billing and Invoice Packets with all supporting documentation have been submitted and billed within 30 days of the end of the preceding month			
Finance and Billing Compliance: Billing and charges related to 1) Family Resource Coordination, 2) TBI Direct Care Service, 3) SCI Direct Care Services, 4) CYSHCN Direct Care Services, 5) Community Outreach/Education, 6) Staff Training and Education, 7) Mileage Reimbursement are documented and substantiated.			
Budget Expenditures: Expenditures do not exceed budget			
Direct Care Services: DCS approved by ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager and reflect ADHS is the payer of last resort. Memberø ISP defines why DCS are needed.			
Family Satisfaction Surveys: Family Satisfaction Surveys were explained and distributed			
Reports and Documentation: Quality Management Plan			
Summary of Continuous Quality Improvement			
Coordinator Staffing Coverage			
Program Report			
Internal Policy and Procedure Manual			
Organizational Chart			
Business Continuity and Recovery Plan			

Comments:

Physical Set-Up-

Standard	Indicator	Rating Code	Comments
Equipment	<u>FAX:</u> Fax machine is in a secure private area There are designated Confidential FAX cover sheets		
	<u>Computer:</u> Computers are set up in a secure private location in office Computers have password only access and protection		
	<u>Phone:</u> There is an area for private or confidential phone calls		
	<u>Other:</u> A paper shredder is readily available		
Files	Evidence that TBI/SCI/CYSHCN records and information are protected at all times against loss, destruction, tampering and unauthorized access or use		
	Member/family files secured in locked cabinets		
	Locked file cabinets are set up in a secure private location in office		
	Keys to file cabinets are kept in discrete places		
	Only designated personnel have access to member files		
Office Space	Storage space for supplies, equipment, and educational materials		
	Meets Americans with Disabilities Act (ADA) requirements		
	A Meeting/Conference room for private/confidential meetings to accommodate a minimum of 5 individuals & be wheel chair accessible		